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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	)	Group Art Unit: 3616
	)	
JAMES W. LANDES	)	Examiner: Fleming, Faye M.
	)	
Application Number: 10/025,721	)	
	)	
Filed: December 19, 2001	)	Date of Notice of
	)	Allowance: November 15, 2004
Title: METHOD AND APPARATUS FOR	)	
LIMITING TORQUE FROM A	)	
MOTOR	)	
	)	
Attorney Docket No.: 01-638	)	

Peoria, Illinois 61629-6490

December 21, 2004

Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

ATTN: OFFICIAL DRAFTSPERSON

DRAWING CORRECTIONS

Sir:

As approved by the Examiner in the "Notice of Allowance/Allowability",  
enclosed is a new formal drawing, sheet 1/1, incorporating the approved corrections.

Respectfully submitted,

Michael L. Woods  
Registration No. 50,811  
Caterpillar Inc.

Telephone: (309) 675-4280  
MLW:dln  
Enc.



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/025,721
	Filing Date	12/19/2001
	First Named Inventor	James W. Landes
	Art Unit	3616
	Examiner Name	Fleming, Faye M.
Total Number of Pages in This Submission	Attorney Docket Number	01-638

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures(s) (please Identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Michael L. Woods, Registration No. 50,811
Signature	
Date	December 21, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date:		12/21/2004
Typed or printed name	Diana L. Merritt	
Signature		Date 12-21-04

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